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ABSTRACT

The objectives of this Off-Reservation Indian Health Study were to identify the health problems existing among the off-reservation Indian population and to determine the adequacy of health services delivery to this group. Survey interviews using a structured questionnaire were carried out with the heads of 192 off-reservation Indian families (834 individuals). Fifty unstructured or depth interviews were conducted with both off-reservation Indian health conditions, sources of and paying for off-reservation medical care, off-reservation Indian health care rights, and some major barriers to off-reservation health care. Recommendations covered a new system of health care delivery, increased funding, a comprehensive study to determine the optimal way to provide health care, and an information campaign. Short-term recommendations included additional contract services, health care clinics, and a system for obtaining prescription refills. Three appendices included selected depth interviews, background information, and survey tables. (PS)

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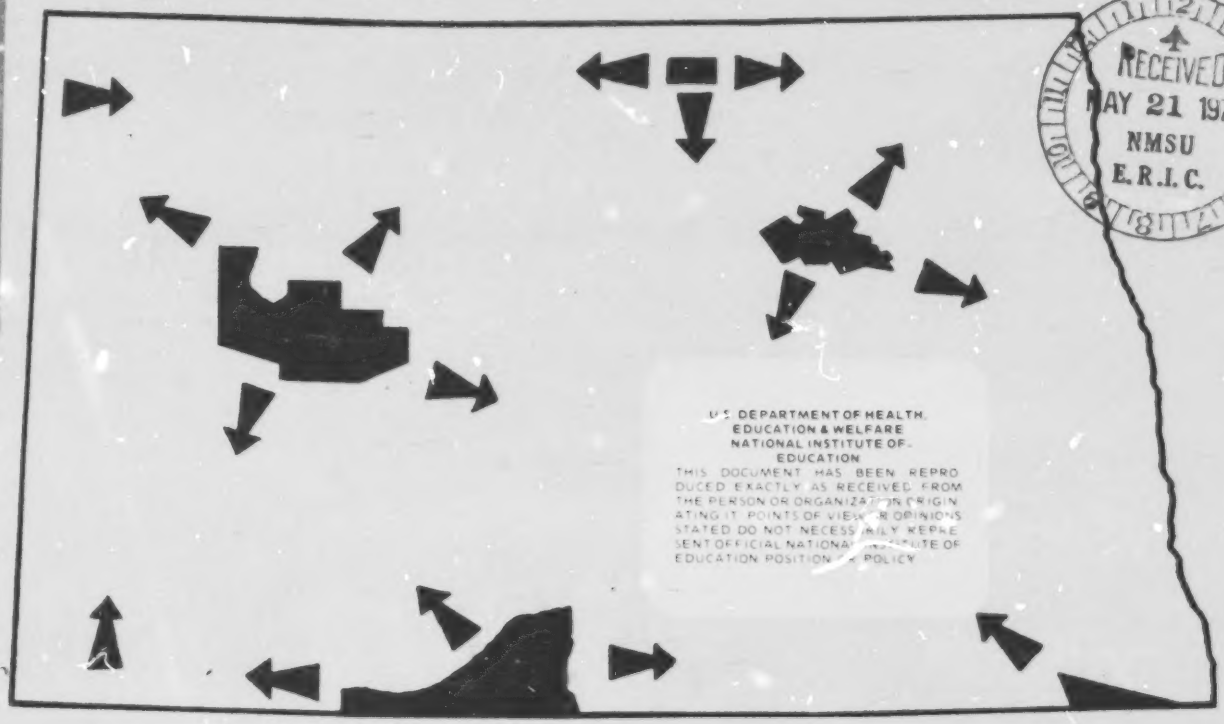

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OFF-RESERVATION INDIAN HEALTH STUDY

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Division of Health Planning
North Dakota State Department of Health
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NORTH DAKOTA OFF-RESERVATION INDIAN HEALTH STUDY

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INTRODUCTION

Study Objectives

The Off-Reservation Indian Health Study was carried out in the Summer of 1971 by the Division of Health Planning in the North Dakota State Department of Health in cooperation with the North Dakota Indian Affairs Commission and the State Economic Opportunity Office. The Study was authorized by the State Health Planning Advisory Council in April of 1971. Because of a lack of verifiable information with respect to the size and location of the off-reservation Indian population in North Dakota, the study was necessarily exploratory in nature. But as will be apparent below, it has provided a great deal of beginning information concerning the scope and degree of off-reservation Indian health problems.

Focused on in the study were the health problems existing among the off-reservation Indian population. In researching these health problems, however, the primary concern was not simply the health status of off-reservation Indians, but rather the adequacy of health services delivery to this group: Are the off-reservation Indians receiving adequate health care? What are the legal, social, and cultural factors affecting the adequacy of their health care?

In addition to probing this primary issue of health care, the study also focused on obtaining background information with respect to such factors as family size and income, housing, exposure to media, and degree of involvement with other off-reservation Indians. Such background information was deemed

essential in order to provide a context within which to evaluate the Indian health situation.

Methodology

Two separate research techniques were used in the Off-Reservation Health Study. First, survey interviews using a structured questionnaire were carried out with the head and/or spouse in 192 off-reservation Indian families containing 834 individuals. Seven counties, Burleigh, Cass, Grand Forks, Morton, Ramsey, Ward, and Williams, were included in the survey. It focused primarily on background information, i.e., housing, income, employment, and similar variables; however, information was also gathered on the present health status of the Indians, i.e., the incidence of illness and the adequacy of existing medical and dental care.

To be noted in evaluating the survey information is the fact that since there have been no systematic attempts at identifying and locating off-reservation Indians, the interviewers had to rely on off-reservation Indian clubs and references from other Indian people in the area to obtain a sample of interviewees. However, even though the 192 families interviewed cannot be considered a true random sample, they do appear to be sufficiently dispersed geographically and diverse in size and socio-economic characteristics to be generally representative of the off-reservation Indian population.[1]

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[1] As will be mentioned further on, the sample while generally representative, appears to be upwardly biased somewhat on socio-economic characteristics.

Second, approximately fifty unstructured interviews were carried out focusing directly on the key issues of the study, the adequacy of health services delivery to the off-reservation Indians and the factors affecting this. These fifty unstructured or depth interviews were conducted with both off-reservation and reservation Indians, a special effort being made -- particularly in the case of reservation Indians -- to interview informal leaders and people aware of the scope of the off-reservation health problems.

Finally, considerable informal information was gathered from health providers and payors in the State, e.g., local welfare agencies, etc.

Interviewing was carried out by a two-member team. Both members of the team were of Indian descent and had a knowledge of and acquaintance with off-reservation Indian communities and people in the State.

Data tabulation and analysis and preparation of this report were carried out during the summer of 1972 by Dr. Robert Sullivan, Director of Research at North Dakota State University, under a contract with the Division of Health Planning of the State Department of Health. The conclusions and recommendations are the author's and not necessarily those of the Comprehensive Health Planning Advisory Council, the Division of Health Planning, or the North Dakota State Department of Health.

Depth Interview Number 1: Bismarck

> "Running water, electricity and all that other jazz you can always manage to pay. Anything extra you can't afford it and medical is extra."

Depth Interview Number 25: Minot

> "We just couldn't go because we knew we didn't have any money to go. A lot of these bills we owe in town are medical bills, and these doctors won't do anything for nothing. So we didn't take them in--just doctored them ourselves."

Depth Interview Number 35: Devils Lake - Grand Forks

> "I know well enough if I had to choose between either going to the clinic or hospital and paying $7.00 or $8.00 to see the doctor and getting $7.00 or $8.00 of groceries, I would take the groceries."

Drawn from three of the off-reservation depth interviews, the above statements illustrate the off-reservation health situation for the majority of

Indians. It can only be described as deplorable for all but those with steady, better-paying jobs and a considerable degree of acculturation into white society. The rest are trapped in a medical limbo. Unable, for various reasons, to obtain services or assistance from the Indian Health Service (IHS), even though they are theoretically eligible in many instances, this group finds it at best extremely difficult and often impossible to obtain assistance from county welfare offices.

Several depth interviews are appended to this report. As they reveal, the off-reservation situation borders on the grotesque. Having left the reservation to live, Indians are no longer entitled to IHS off-reservation medical assistance. Only if they live on the reservation will off-reservation care be provided.

At the same time, unless an off-reservation Indian is under a program such as Aid to Dependent Children, he, or she, is usually informed by local social service agencies that being a federal ward, he is not entitled to their services and should seek help from IHS.

Finally, since over half of the interviewed families report total family incomes of less than $5,000 -- and this may be an overestimation[1] -- it is clear that these individuals cannot afford private medical care.

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[1] An analysis of the survey data indicates that the interviews sampled probably have an upward bias with respect to income. To begin with, off-reservation Indians with steady jobs were easier to locate and were, therefore, drawn into the sample. Secondly, in those instances where seasonal wages were reported and a weekly salary given, it was arbitrarily assumed that seasonal would be defined as involving forty weeks work and a yearly income arrived at accordingly.

Faced with these sorts of barriers to receiving medical care, most off-reservation Indians --barring a major medical emergency -- simply do without.

Multiple factors underlie the off-reservation Indian health situation.

. . . Indian poverty,

. . . insufficient IHS and county funding for medical care,

. . . ignorance among off-reservation Indians -- as well as IHS and county employees -- about off-reservation medical rights,

. . . a lack of clarity and consistency regarding the rights themselves,

. . . the long distances off-reservation Indians must travel to obtain medical care at a reservation IHS facility,

----- these are some of the factors which play a role and which will be discussed below. But first a more detailed look at the off-reservation Indian health situation.

OFF-RESERVATION INDIAN HEALTH CONDITIONS

Obtaining Medical Care

Forty percent of the 192 off-reservation Indian families questioned indicated that at least once in the previous year someone in the family had needed medical attention which they were unable to obtain. Indeed, as revealed in the table below, almost three-fourths of this forty percent cited more than one instance.

Furthermore, forty percent probably underestimates the problem. Fourteen percent of the families were either unable or unwilling[1] to answer this question. And among the forty-eight percent indicating there had been no instance where they were unable to obtain needed medical attention, it seems safe to assume -- particularly in the case of one or two person families -- that at least part of them had needed it only infrequently or not at all during the year.

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[1] The interview data for this as well as many other of the survey questions contains a "no answer" category of varying magnitude. Some of these "no answer" responses represent memory failure; in other instances people were embarrassed about admitting to certain types of deprivation.

How many times in the last year has someone in the family needed medical attention and it was not obtained?

Number of times	Total Sample (N=192)
One	10%
Two	10
Three	7
Four	6
Five	4
Six	1
Seven	1
More than seven	1
None or never	48
No answer	14
Total	102% *

* Rounding error

Frequency of Medical Attention

Family contact with doctors or hospitals varied widely. Fifteen percent of the families -- and these tended to be the more affluent -- had more than seven contacts during the year, nine percent had only one; three or four contacts was the modal figure.

Also worth noting in the table is that seven percent had no contact while another fifteen percent were unable or unwilling to answer.

How many times has someone in the family been to a doctor or hospital in the last year?

Number of times	Total Sample (N=192)
One	9%
Two	8
Three	14
Four	17
Five	6
Six	6
Seven	3
More than seven	15
None or never	7
No answer	15
Total	100%

Tuberculosis

The survey statistics with respect to tuberculosis starkly illuminate the Indian health situation away from the reservation. Fifteen percent of the 192 families reported that at least one family member had shown a positive reaction to the tuberculosis test. And, as is revealed in the complete set of tables attached to this report, testing has been fairly recent. One fourth of the 192 families surveyed reported that on the average, the adults in the family had been tested for tuberculosis within the past year, while one half reported testing within the past three years.

Did anyone in the family have a positive reaction to the tuberculosis test?

	Total Sample (N=192)
Yes	15%
No	80
Not asked, no answer	5
Total	100%

Immunizations

The picture is somewhat brighter with respect to immunization. Better than eight out of ten in the case of both adults and children have received immunization for polio, DPT, measles, and Rubella.

Immunizations	Adults (N=340)	Children (N=494)
Polio	85%	84%
DPT	85	86
Measles	85	84
Rubella	86	84

Dental Care

On the average less than one third of the adults and about one third of the children received a dental check-up within the last year. For almost half of the adults more than four years have elapsed since their last dental check-up.

On the average, when did adult members of the family last receive a dental check-up? How about children?

	Total Sample (N=192) Adults	Total Sample (N=192) Children
Within the last six months	9%	10%
Within the last year	20	22
Within the last two years	12	10
Within the last three years	7	5
Within the last four years	6	2
More than four years ago	40	4
Never	2	6
No answer	5	19
Not asked (no children)	-	21
Total	101%*	99%*

* Rounding error

General Health Conditions

The survey data discussed above provide at least some statistical information concerning the state of off-reservation Indian health. And, as has already been pointed out, the incidence of positive tuberculosis reactions and the high proportion of families reporting an inability to obtain needed medical attention, are particularly revealing. On the whole, however, the survey data is both limited and abstract; they deal with percentages and not with individual health problems.

More revealing are the health histories which emerged from the depth interviews. Through all of them runs a consistent theme of being forced to ignore or postpone treating various medical problems.

1. Because of the lack of funds, a diabetic Fort Yates woman living in Bismarck was unable either to fill her prescription locally or to travel to the reservation for a refill. She was forced to wait until a ride became available.

2. A Fort Berthold school boy living in Minot walked for nine days on a broken leg because a local Minot clinic refused to treat the boy on the basis of a telephone authorization from IHS at Fort Berthold and it took nine days for a written authorization to arrive.

3. A Turtle Mountain child residing in Minot was unable to obtain treatment at a local private hospital for a dog bite; following lengthy negotiations she was finally treated at the John Moses Air Force Hospital.

4. A Turtle Mountain man was forced to give up his efforts to find a job in Grand Forks and return to the reservation to the dentist for a tooth infection.

5. A Turtle Mountain woman presently living in Trenton was informed that a long waiting period would be required before she could obtain a needed hysterectomy even after returning to the IHS hospital at Belcourt.

These are only a few of the more startling medical histories revealed in the depth interviews. Others equally startling could be cited.

Furthermore, routine care is equally deficient. Pre-natal care, regular pap smears, systematic dental and medical check-ups . . . all of what has come to be routine in normal health care is to a great extent non-existent among the off-reservation Indian population.

Taken together, the survey data and the depth interviews amply verify what was said earlier. The health status of off-reservation Indians is deplorable. And more important, they are, in fact, trapped in a medical limbo. Lacking funds for private medical care, they are shuttled back and forth between county offices, hospital emergency rooms, and the reservation facilities of the Indian Health Service. Medical care is made so difficult to obtain that it is usually ignored.

SOURCES OF OFF-RESERVATION MEDICAL CARE

Indian Health Service[1]

Not surprisingly, considering their situation, off-reservation Indians tap a variety of sources for medical care, sources ranging from self-administered non-prescription drugs to native Indian doctors. Judging from the data, IHS is the most commonly used health care facility, having been used by a majority of the off-reservation Indian families either while living on or off the reservation.

Interestingly enough, however, twenty-one percent of the families have never made use of IHS, which would seem to bear out a statement made earlier. The 192 families included in the survey actually include a disproportionate number of the economically better-off. The medical conditions for a fully representative group would be even more deplorable.

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[1] The Indian Health Service (IHS) is a part of the U. S. Public Health Service and has the responsibility for providing comprehensive health services to American Indians and Alaska Natives. In North Dakota the IHS operates hospitals or clinics on the four major reservations.

Have you ever used Indian Health Service (IHS)?

	Total Sample (N=192)
Yes	79%
No	21
Total	100%

	While Living on the Reservation?	While living off the Reservation?
	Total Sample (N=192)	Total Sample (N=192)
Yes	59%	44%
No	20	35
Not asked	21	21
Total	100%	100%

Public Health Services[1]

Forty-seven percent of the off-reservation families have made use of public health services which range from immunization clinics to home visits from a public health nurse. To be kept in mind, however, is that while these services are undeniably useful, they are primarily preventive in nature. The public health service facilities do not provide comprehensive medical care and treatment.

[1] As used in this report, the term public health service (PHS) refers to those services provided by the State Health Department, District Health Units and County and City Health Departments. Because the specific delivery agency varies throughout the State and because the recipient of the service seldom distinguishes between the different agencies, the report does not specify the particular delivery agency.

Have you ever used any of the following public health services?

Services	Total Sample (N=192)
Visited a PH nurse in her office	12%
PH nurse visited in the home	27
Attended an immunization clinic	25
Attended a family planning clinic	3
Attended a special clinic	16
Maternal and child health care education	1
Communicable disease check and treatment	19
Never used	53
Total	156%**

** Multiple answers possible

The unavailability of medical treatment and care at the local PHS facilities seems likely to have influenced interviewees' responses to follow-up questions asking them to evaluate public health services. Among the forty-seven percent who have made use of these services, only half (24%) indicated their needs had been met. About one-fifth (9%) of those making use stated unequivocally that their needs had not been met while the remainder were either unable or unwilling to answer.

Did the PH services meet your needs? (Only asked of those families who reported using a public health service)

	Total Sample (N=192)
Yes	24%
No	9
No answer	14
Not asked	53
Total	100%

Furthermore, among the total 192 families -- not simply the families who reported using PHS -- one-fourth (26%) indicated there were things they didn't like about public health services or reasons for not using them, while half of the families were unwilling or unable to answer. Only one-fourth -- presumably the same one-fourth indicating PHS services had met their needs -- expressed full satisfaction

Are there things you don't like about public health services or reasons for not using them?

	Total Sample (N=192)
Yes	26%
No	24
No answer	50
Total	100%

Among the twenty-six percent expressing dissatisfaction with PHS, objections ranged from the limited nature of public health services to a wide variety of unfavorable general comments.

What are the things you don't like about PHS or reasons for not using them? (Only asked of those stating they don't like PHS or have reasons for not using it)

	Total Sample (N=192)
Services are not available to them	4%
Unfavorable comments about PHS	8
Information about PHS isn't known	4
We don't need them	3
There aren't enough services (they can't do enough)	4
The cost is too high	2
Miscellaneous answers	2
Not asked	74
Total	101%**

** Multiple answers possible

Immunizations and TB Testing

Among the 192 families interviewed, IHS and PHS are the most commonly used sources for immunizations and TB testing. However, many children received one or both through the schools while substantial numbers indicated being vaccinated or tested at clinics.[1]

Who administered Immunization shots for the family? TB tests?

	Immunization	TB
	Total Sample (N=192)	Total Sample (N=192)
IHS and PHS	72%	62%
School	23	16
Clinic	25	26
Private physician	5	9
Other	2	11
Total	127% **	124%**

** Multiple answers possible

[1] The survey data is not clear in many instances as to the nature of the "clinic," whether public or private. Some of these answers undoubtedly refer to either PHS or IHS clinics.

Indian Medicine

Almost half of the 192 families interviewed reported that at least one family member has visited an Indian "doctor." In some instances, this may have resulted from the fact no other care was available. But, judging from spontaneous comments in connection with this question, the majority of those seeking out Indian medical care did so for positive reasons, because they felt it was effective.

Has any family member ever been to an Indian "doctor?"

	Total Sample (N=192)
Yes	45%
No	52
No answer	3
Total	100%

Non-Prescription Medicines

The use of self-administered non-prescription drugs was also widespread among the 192 families. No family lacked at least one or two of the common remedies listed below; many had all of them and -- bearing out what was said earlier regarding the substantial regard held for Indian medicines -- thirty-six percent kept Indian medicines in the home.

What health supplies are generally kept in the home?

Supplies kept	Total Sample (N=192)
Aspirin	93%
Alka seltzer	73
Rubs	71
Pepto bismol	66
Band aids	88
Vitamins	67
Other drugs	60
Indian medicine	36
Total	554%**

** Multiple answers possible

Private Care

The surveys contained no specific questions regarding the use of private physicians and hospitals. Needless to say, however, a portion of the IHS use involved referrals to private care sources. And, as was shown earlier, in at least some instances, immunizations and TB tests were obtained from private clinics or private physicians.

Furthermore, the health histories obtained in the depth interviews, as well as the data which will be discussed further on concerning paying for medical care, reveal substantial if sporadic usage of private care facilities. All of the depth interviewees cite instances of treatment from private physicians or private hospitals. Indeed, private physicians and hospitals are necessarily a substantial source of medical care for the off-reservation Indian population in the case of serious medical emergencies if only because nothing else is available.

The Diversity of Off-Reservation Health Care Sources

Clearly, as was said earlier, the off-reservation Indians rely on a diversity of sources for medical care. And this diversity is a significant fact in itself. It illuminates the difficulties facing the off-reservation Indian population. For various reasons no single dependable source of care is available to the great majority of this group. Indeed, both the survey data and the depth interviews reveal that even within a single family it is usually necessary to turn to several different sources. IHS, hospital emergency facilities, private care paid for by such programs as Aid to Dependent Children, Indian doctors, self-treatment, simply doing without . . . . . all of these care alternatives -- particularly the last -- receive significant usage by the great majority of the off-reservation Indian population.

PAYING FOR OFF-RESERVATION MEDICAL CARE

Medical Expenses

The relatively substantial usage of private care facilities mentioned in the previous section is borne out by the survey data with respect to paying for medical care. Most commonly, families testify to having themselves paid for members' visits to a doctor or hospital. However, insurance payments and such Welfare programs as Aid to Dependent Children were each named as payment sources by just under one in four of the families, while IHS and PHS were named by about one in six.

Finally, about one in five families indicated an inability to make or complete their payments.

Who paid for family members' visits to a doctor or hospital?

	Total Sample (N=192)
Self	37%
PHS, IHS	17
Insurance	23
Welfare	24
Medicare	3
Other federal programs	4
Other sources	5
Some payments haven't been made	18
Not asked	7
Total	138%**

** Multiple answers possible

Dental Expenses

Similarly, dental care, when this was received, was most commonly paid for by the family itself. However, both IHS and welfare programs took care of a relatively substantial amount of the dental care obtained.

Who paid for children's expenses for dental work that was done? (Only asked of those families with children who had been to the dentist and problems were treated)

	Total Sample (N=192)
Parent	22%
IHS	20
Welfare	15
Head Start/school	6
Other special funds	3
No answer	17
Not asked	33
Total	116%**

** Multiple answers possible

Who paid for adult dental expenses for work that was done? (Only asked of those families who reported most problems were treated)

	Total Sample (N=192)
Self	40%
IHS	34
Welfare	22
Military service	6
Other sources	7
No answer	5
Not asked	10
Total	124%**

** Multiple answers possible

Health Insurance

Forty-two percent of the families surveyed report having health insurance. However, in only twenty-six percent of the families does this policy cover the entire family.

It is worth noting that these figures contrast sharply with figures obtained in a 1969 survey of the Fargo Model Cities area. Eighty-two percent of the Model Cities families indicate having health insurance and seventy-five percent report that it covered the entire family.[1]

Does the family have health insurance?

	Total Sample (N=192)
Yes	42%
No	58
Total	100%

Who is covered by the policy? (Only asked of those who reported having insurance)

Who Covered	Total Sample (N=192)
Head only	9%
Head and spouse	5
Entire family	26
Children only	1
No answer	1
Not asked	58
Total	100%

1 Fargo Model Cities Survey; August - September, 1969.

Overall

Not revealed in the survey data, of course, is the limited amount of medical care received. The data only show how care received was paid for. They say nothing about whether it was in keeping with the needs.

Survey findings discussed earlier directly indicated that off-reservation health needs are not being met. And when the fact that families most commonly pay for health care themselves -- or simply owe for it -- is conjoined with the very low incomes characterizing the great majority, it is amply clear that major deficiencies characterize the off-reservation health care situation.

Not surprisingly, the health histories described in the depth interviews bear out this conclusion. Repeatedly, instances are cited where families are thrown on their own resources in obtaining health care. And as a result, except where a serious emergency exists, lack of money forces family members to simply -- as one interviewee put it -- "tough it out."

OFF-RESERVATION INDIAN HEALTH CARE RIGHTS

De Jure

Even though, as will become clear further on, the health care rights theoretically available to off-reservation Indians are themselves inadequate, it would seem useful to establish what these are in order to demonstrate that even these inadequate rights are not being received. Consequently, this section of the report will briefly sketch in broad outline the health care rights allegedly available to off-reservation Indians under both IHS and county social services or welfare. These rights must necessarily be sketched in broad outline since different IHS facilities and different counties differ in their interpretation of what the off-reservation indian is entitled to.

IHS: As was stated in the Overview at the beginning of this report, the theoretical health care relationship between IHS and the off-reservation Indian has a Kafkaesque quality to it. The relationship is as follows:

(1) An Indian family which has established residence away from the reservation is no longer entitled to receive off-reservation health care. That is, assuming this off-reservation family has moved to Fargo and established residence, IHS will not pay for health care received in the Fargo area. Families are referred to county agencies.

This contrasts sharply with the situation of an Indian family residing on the reservation. If this family is in transit, e.g.,

visiting friends or relatives in Fargo, and a member becomes sick or is injured while in the Fargo area, their reservation IHS facility will pay for medical care through a contract system.

(2) An off-reservation family is entitled to IHS care from any reservation IHS facility. That is, an Indian family enrolled at Standing Rock Reservation but residing in Fargo is able to utilize IHS facilities not only at Standing Rock but at Fort Totten or Turtle Mountain; in the case of the family applying to an IHS facility away from its reservation, all that is theoretically required is a phone call to the home reservation to establish the family's eligibility.

(3) An off-reservation family which has traveled to any reservation IHS facility is theoretically entitled to the full spectrum of services. That is, if a level of care not available at the reservation IHS facility is required, e.g., major surgery, the off-reservation family will theoretically be sent to a contract facility in a nearby city.

County Welfare or Social Service Agencies: The overriding fact with respect to receiving medical assistance from county welfare offices is that there is simply no assistance available to the ordinary working poor or unemployed whether white, black, or Indian. A description of the assistance which is available follows:

(1) General Assistance: State law provides for limited help to any indigent under the category of General Assistance. Theoretically, this can take the form of providing emergency food and housing or medical care. The decision regarding provision of these services is made at the county level which supplies the majority of funding for the program.[1]

(2) Public Assistance: Included under this program are Aid to Dependent Children and Aid to the Aged, Blind, or Disabled. Provided families qualify under either of these two programs, medical assistance is supposedly provided. In the case of Aid to Dependent Children, this will only be provided if the husband is permanently absent or if either the husband or wife are disabled.

De Facto

It is clearly apparent from what has been said above that even from a theoretical standpoint, the health care rights available to off-reservation Indians are woefully inadequate. But as will be apparent below, even these inadequate rights are not being granted.

IHS: Although off-reservation families are theoretically entitled to IHS care from any reservation IHS facility, in point of fact the decision whether or not a non-enrollee at that reservation will be

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[1] In 1970, 98.9% and in 1971, 98.4% of General Assistance money came from the counties with the State providing the remainder.

treated belongs to the local facilities administrator. With respect to simple clinic care, care which can be provided at the local facility itself, this is not an important consideration; such care is generally given.

If, on the other hand, specialized medical attention, attention not available at the facility, is required, the off-reservation Indian, whether he has traveled to the IHS facility at his own reservation or at another reservation, generally finds this impossible to obtain. Limited funds are available for such outside contract care, and local administrators, often at the request of the reservation's Tribal Council, usually follow a policy of reserving this contract care for resident enrollees. The depth interviews in the present survey cite several instances where an off-reservation family member has returned to their reservation, been diagnosed as requiring specialized medical care, care requiring the use of an outside contract specialist, and been informed that this could not be provided.

County Welfare or Social Service Agencies: Theoretically, medical care can be provided under the category of General Assistance. However, only theoretically. The money simply isn't available. Less than eleven thousand dollars was the

total General Assistance budget for Cass County in 1971 of which $309 was spent for medical services. Needless to say, given this small sum of money, only such broad emergency situations, e.g., providing food or temporary housing, could be dealt with. Money simply wasn't available for medical care.[1]

Furthermore, even in the case of families under Public Assistance difficulties were often encountered with respect to obtaining medical care. Eligible individuals were referred back to their reservations; many county administrators are simply not aware of the limitations set by IHS on off-reservation Indian health care.[2]

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[1] One percent of total welfare expenditures in North Dakota in 1970 and 1971 was used for General Assistance with less than one-third of that amount being spent for medical services. In 1970 ten counties and in 1971 nine counties made no General Assistance payments for medical services at all.

[2] It should be pointed out that IHS personnel are generally equally unaware of the limitations of county assistance.

SOME MAJOR BARRIERS TO OFF-RESERVATION INDIAN HEALTH CARE

Multiple barriers confront the off-reservation Indian in his attempts to obtain proper health care. However, this being an exploratory study only some of the most important are discussed here.

First, personal poverty is a major barrier. As has been stated earlier, most off-reservation Indian families are low income people. Even in the majority of those instances where a family head is employed, family income simply doesn't permit paying for medical or dental care; nor does it permit purchasing health insurance. Frequently the choice is between medical care and such basic necessities as food, clothing, transportation, and housing. The theoretical possibility of purchasing private health care is illusory.

Second, to obtain IHS care, off-reservation families must travel to a reservation facility. Distances and expenses involved in this travel are prohibitive for many off-reservation families, e.g., those living in Fargo. Furthermore, in situations where family members are employed, problems arise with employers. To receive regular clinic care at IHS facilities it is necessary for the individual to report during the week; IHS clinic facilities are not available on weekends.

Third, lack of funds partially negates the theoretical IHS relationship with off-reservation Indians. Clinic care is available for those able to travel to an IHS facility. But only limited funds are available for specialized

contract services and these funds tend to be reserved for enrolled families living on the reservation. Thus even when an off-reservation Indian travels to an IHS facility, the health care available usually turns out to be limited.

Fourth among the barriers to proper health care for the off-reservation Indian is a pervasive ignorance of off-reservation Indian medical rights. Not only are most off-reservation Indians unaware of the rights they possess with respect to IHS care, e.g., the fact that they are entitled to care at any IHS facility not merely on their home reservation, IHS personnel and county personnel are frequently equally uninformed.

Finally, the extraordinary difficulties which confront the off-reservation Indian's efforts to obtain health care tend to create an additional secondary barrier in themselves. Shuttled from one care source to another, offered multiple and differing interpretations of what health care they are entitled to, the target of comments ranging from Indians' lack of hygiene to their poor record as credit risks, many off-reservation Indians simply give up. They cease seeking medical care except in a dire emergency.

RECOMMENDATIONS

Although the present study was only intended to be exploratory, it clearly documents the gross inadequacy of present day off-reservation Indian health care. Consequently, and contrary to the original expectations of the study, it is possible to make some definite long and short term recommendations.

Long Term Recommendations

(1) A totally new approach must be taken to the problems of health care delivery to the off-reservation Indians. A system must be developed which will enable off-reservation families to obtain necessary health care in their immediate locality. Whether this new system is implemented through IHS or through county agencies is irrelevant. The issue is developing a new system. Requiring off-reservation Indians to travel to an IHS facility for care simply doesn't work.

(2) More funds must be made available to implement the new system. Again, whether these are IHS, state, or local funds is not relevant to the issue. The issue is to place the off-reservation Indian into an adequate health care delivery system.

(3) A comprehensive study should be carried out in order to determine the optimal way to realize the above recommendations. The present

study is only capable of defining the problem· it was not designed to provide answers.

At the same time, certain obvious alternatives present themselves and presumably a comprehensive study would examine these as well as others. Among the obvious alternatives are the following two:

(a) Following a proper census of the off-reservation population, IHS could provide the necessary funds to (1) provide off-reservation Indian families with conventional medical and dental insurance, or (2) arrange for contract facilities capable of providing this care in major cities throughout the state.

(b) Either federal or state funds or perhaps a combination of these could be made available to county agencies permitting them to contract for medical and dental services locally for the off-reservation population.

(4) An information campaign should be undertaken simultaneously with the development of a new care delivery system. Off-reservation Indians as well as health care providers and other agency people charged with serving the Indians should be made fully aware of the operation of the delivery system.

Short Term Recommendations

Because of the complete inadequacy of the existing delivery system,

patchwork attempts at improving it are of little significance. However, certain short term ameliorating actions can be suggested.

(1) Additional contract service money should be made available immediately at IHS facilities. An off-reservation family which has traveled to an IHS facility for medical care should be eligible for the entire spectrum of care, including the specialized care delivered under the contract system.

(2) Small Indian health care clinics should be established in the state's major cities. These clinics should be capable at a minimum of providing minor health care, physical examinations, immunizations, and non-prescription drugs. These clinics should also be capable of determining the need for a prescription refill.

(3) Some system of obtaining prescription refills without traveling back to an IHS facility should be developed. Whether this allows for prescriptions to be refilled locally or by mail from an IHS facility is irrelevant. The point is that it should not be necessary to return to one's reservation for a prescription refill.

Other minor improvements of the existing system could be suggested but their worth is questionable. Improving the off-reservation Indian health situation requires draconian measures.

CONCLUDING REMARKS

The present study's long term recommendations for off-reservation Indian health care call for a complete revamping of the present system. Undeniably, this will require substantial funding. But no other approach is feasible. The existing delivery system is inadequate and unworkable.

Moreover, when the total picture is taken into consideration the added expenditures called for here in connection with off-reservation health care may well result in overall federal savings. To take an obvious example, massive federal funding is presently going into providing various types of skill training to Indians throughout the country. Both on the reservations and away from them at such facilities as the United Tribes Employment Training Center in Bismarck, major and costly training programs are underway.

Following the completion of training the great majority of the trainees will necessarily be employed away from reservations -- at least until on-going reservation economic development efforts reach fruition. And, unfortunately, many of the available beginning jobs are low-paying. Particularly in those instances where the newly-trained employee has a family, his beginning income is simply insufficient to obtain private medical care.

The results are predictable. Faced with, among other problems, the problem of obtaining medical care uncovered in this report, many of these newly-employed individuals simply give up and return to the reservation. Not only is this psychologically traumatic for the individual in that

twelve to fourteen months of training and hope is shattered. It is also very costly in terms of federal funds. Indeed, the funds wasted through these relocation failures are probably more than sufficient to fund the new system of off-reservation health care called for above.

APPENDIX I

Selected Depth Interviews

Depth Interview Number 1: Bismarck

Q. "What do you do for your medication since you are a diabetic?"

A. "I have to find a ride to go down to Fort Yates. On the salary I make it's impossible for me to try to buy insulin."

Q. "Do the Fort Yates doctors ever say anything when you return for your medication?"

A. "No, they never say anything, my husband is from there."

Q. "You mentioned you had an operation three years before -- and you are still paying for it. What happened?"

A. "I had an appendix attack -- against my will, I had no way to get to Fort Yates and was taken to Bismarck Hospital. After the operation, the doctors here sent the bill to Fort Yates. Fort Yates refused it, saying that I did not notify them prior to entering hospital, now I have a bill of $500.00 to pay."

Q. "You are enrolled at Fort Berthold. Have you ever gone there for medication?"

A. "No, it's too far away."

Q. "They have contracted health from out of Fort Berthold. Would you be qualified for that?"

A. "I talked to one of the councilmen a couple years ago but nothing has been done yet."

Q. "You said you also had trouble with your teeth?"

A. "Yes, I have been without teeth for a year. I had all my teeth pulled here in Bismarck. I couldn't scrape up the $80.00 extra I needed for my laboratory cost before I could get my teeth from Fort Yates. Fort Yates is helping me get my teeth now that I have paid the $80.00."

Q. "You were saying you were never really aware of Indian Health Services while here in Bismarck?"

A. "No, I never knew about them. I never bothered to check into things because it seemed like once you left the reservation you were really on your own. I just never thought there was anything here."

Q. "You mentioned in the interview that you had been to an Indian doctor. How do you feel about that, do you think they do any good?"

A. "My oldest girl when she was young had a teething problem. I took her to my grandmother who did something for her, so as far as I am concerned, these Indian people have something over all these educated doctors in the United States."

Q. "If you could see an Indian doctor, let's say at Fort Berthold, would you go to him?"

A. "I sure would."

Q. "What ways do you think off-reservation Indians could be helped?"

A. "They don't want Indians off the reservation -- but they need help like everyone else. Running water, electricity and all that other jazz you can always manage to pay. Anything extra you can't afford it and medical is extra."

Q. "The bad thing is that health is often taken as being extra --"

A. "Right, and if you're too sick you can't go to work. Take me for instance, all my kids are gone and I was all alone. I couldn't afford a telephone and I really got sick. My fellow workers cared to check on me all the time and it was a good thing because I couldn't even get out of bed to cook my meals. I wouldn't go to the hospital because I knew at this time I couldn't afford another bill there."

Q. "You mentioned that when you started at your first place of employment, the bookkeeper there gave you quite a hassle about wanting Blue Cross-Blue Shield."

A. "Yes, she had some funny idea that just because I was Indian, I was a federal ward of the government and you could go to any hospital and immediately be taken care of. I had so many arguments with her about that, I finally just gave up and didn't bother with it."

Q. "If you could see any way for Indian people off the reservation to get medical, what do you think would be best?"

A. "Well, some type of health card that could admit you to the hospital if you needed to be admitted right away, or if they even had a couple Indian nurses in town here to make out all those papers you have to fill out when you go into the hospital, I think that would help out quite a lot. Then you wouldn't have to worry about running back to the reservation."

Depth Interview Number 25: Minot

Q. "You said when you had your daughter eight months ago you went to the John Moses Hospital[1] but up until that time you had no check-ups. Why?"

A. "Because we didn't have the money to pay for any prenatal check-ups. You know, go to the doctor's."

Q. "Can you tell me a little bit about when you had your baby -- where you went first, and then where they sent you, and eventually how you ended up at the John Moses Hospital, and the bill you now have to pay, and the trouble you are having over it?"

A. "We couldn't go to the two hospitals here in town because we owed them bills already and they wouldn't take us. They refused us so I ended up at the John Moses. I told them that we were from Belcourt, but Belcourt refused to pay so now we are getting the bill for that."

Q. "You are also paying for your other kids, aren't you?"

A. "Yes, we are still paying those two hospital bills here in town. Every week they have been taking money out of my husband's check."

Q. "They are taking money out of his check?"

A. "Yes, they are taking it out of his wage."

Q. "You also said that when you brought your little girl in for an allergy check-up about a month ago they asked you if you were on welfare. Could you tell me how that goes, and the doctor and hospital you went to, the clinic, anyway, whichever it was."

A. "Oh, that was the clinic. They wanted to know if public services was going to pay for this. I told them no. Well, she said they had a lot of trouble with Public Health paying or getting their money from them so they weren't going to take anybody from there, so I told them we're going to pay it right out."

Q. "Otherwise they wouldn't have taken you?"

A. "No, they wouldn't have taken us, especially if we would have been sent by Public Health."

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1 Minot Air Force Hospital

Q. "Now you explained that you were Indian, is that right?"

A. "Yes, I told them I was Indian, so she wanted to know what reservation I was from so we told them. Then she said, well, how long have you been living here in town. I told her and I also told her how long my husband had been working, so then she took us.

Q. "Do you have to pay for your own medication yourself, or have you ever gone to Fort Berthold to see about getting your medication?"

A. "No, we went down there to try to get some help, but they refused, saying we weren't from the reservation and as soon as we moved back to our reservation they would give us a medical card, but as long as we were living in town they wouldn't help us."

Q. "How do you feel about that?"

A. "I think that it's rough on us. They should help those people off the reservation, too. You know, we are trying to work and pay our own way here, and help with just our medical bills would really help out a lot."

Q. "You were saying you tried it a couple of times (to go back to reservation) when you needed medical care and you didn't go to any doctors because you had no money. Could you talk a little about some of those times you needed medical care, but didn't go to the doctors?"

A. "We just couldn't go because we knew we didn't have any money to go. A lot of these bills we owe in town are medical bills, and these doctors won't do anything for nothing. So we didn't take them in -- just doctored them ourselves."

Q. "How did you feel when you were turned away from those other hospitals knowing that you were going to have your baby any minute and you couldn't go all the way back to Belcourt?"

A. "Well hell, it's kind of a funny feeling, when you're gonna have your baby and you know you can't get in there. So you go to whichever hospital they let you in. At John Moses where we ended up, they said it was O.K. We talked to the Lieutenant. He said they never turn anybody away; they take anyone, but still we would have to pay for it."

Q. "This is at the John Moses? What happened to that bill right now?"

A. "We have been getting those bills but now we know this one man, Alfred McKay, I think. He sent them to Aberdeen, South Dakota. He said he thinks the Indian Health will pay for it and we haven't received any more bills and this has been a month ago."

Q. "But for your other kids, your husband is getting money taken from his check. Is this under court order?"

A. "Yes, this is a court order deal of some sort. You know, they were going to garnishee his whole wages but his boss seen his lawyer and they talked to this man who was sending the bills, so they finally agreed on taking out $20.00 a week, $10.00 apiece. See there are two bills we have to pay on."

Q. "How about the local Public Health services? You say you have taken advantage of them, what do you have to say about those?"

A. "Well, they don't really do too much. You know, they just . . . I took one of my daughters over there. She had some kind of sores on her hand. Well, she looked at them and said I was going to have to go back to my regular doctor. They never do nothing."

Q. "Did you go to your regular doctor?"

A. "I had to take her to the doctor there."

Q. "Is that the time you took her in?"

A. "No, this isn't the time. This was quite awhile ago, when she was in the first grade. This what we are paying for right now -- you see they put all these bills together and there are two medical hospitals which have combined so now their bills are together."

Q. "You have eight people in your family and your husband makes $140.00 every week. On an average month, about how much of this is spent on medical bills?"

A. "How much? $10 - $20?"

Q. "You say your baby has an allergy. How much was her medication?"

A. "Twelve dollars at that time. She doesn't need it any more though. Now she drinks some type of formula that is $5.50 a case, and it isn't milk."

Q. "But it is prescribed formula?"

A. "Yes, it is."

Q. "Could you think of any way it could be made easier for Indian people in this town?"

A. "Just having some type of a health clinic where they could go to a free clinic, or somehow where they can go to the hospital that could really help. That could really help -- just that."

Q. "How about dental care? You mentioned earlier that neither you or your husband has ever received dental care and your kids have received dental care only because a low-income program was started in school this year about dental care. What do you think of that?"

A. "Me and my husband both really need dental care but we just can't afford that. However, if there was some type of medical place for Indians, so they could have a dentist there, then I can see getting my teeth fixed."

Q. "Like that medical officer said in Fort Berthold, why don't you go back to the reservation?"

A. "And what would we do there? There is no housing and I don't think we could get a house. There is no work there. We have no money. But I suppose now that they have a lot of their programs, we could get something, but I don't know. We have been gone so long, maybe people would say something. Anyway I guess I don't feel like going back there."

Q. "O.K. Thank you very much."

Depth Interview Number 37: Fargo

Q. "You stated that you needed some plates because you had pyorrhea and after that you needed an operation on your feet because you had spurs. You asked Fort Berthold for help. What did they say to you at Fort Berthold?"

A. "That I had to move back to the reservation or they wouldn't help me."

Q. "At this time you could move back to the reservation?"

A. "No, there is no job there. It would be foolish for me to go back there."

Q. "What are the chances of having your feet operated on?"

A. "At the time I didn't have Blue Cross and Blue Shield, and I didn't have any money so I just couldn't go."

Q. "But you have Blue Cross and Blue Shield now?"

A. "Yes."

Q. "How long have you had it?"

A. "About three months."

Q. "But you said you had to wait nine months before you could have authorization for this?" (Operation)

A. "Yes, you have to wait nine months before you can have surgery done."

Q. "The doctor said you had to have an operation right away?"

A. "Yes, he said that I should, but I don't have any money, so I have to wait."

Q. "You mentioned that there were times before when you needed medical assistance when you tried to get help from Fort Berthold. What happened during those times? And how did you manage to pay your bills?"

A. "Well, I had to pay them by the month. A couple of times I couldn't afford to pay them and so they garnisheed my wages. I had to file bankruptcy."

Q. "What happened during this time?" (Referring to a particular bill)

A. "Anthony had a hole in his eardrum and needed an operation."

Q. "Anthony is your youngest son? He had to have a silver eardrum put in -- how much did that cost?"

A. "$3,000.00."

Q. "And you paid off most of it?"

A. "Yes, most of it, and the rest I just can't afford."

Q. "You also have diabetis and a heart ailment. You need pills for your heart, insulin for diabetis. How do you pay for your medication?"

A. "I pay a little at a time. I charge it and put a little, about $10 a month, on it."

Q. "You also said one night you had to go to the emergency room because of your pyorrhea infection. Did you have to get medication then?"

A. "Yes, I had to get it then. They sent me a bill. I haven't paid the hospital or the doctors yet."

Q. "Because of your job you are not eligible for general assistance or welfare food stamps?"

A. "Yes, I can't get it because they say I earn too much and can't get general assistance from welfare or food stamps."

Q. "You said you wrote a letter to Fort Berthold. What for?"

A. "To see if I could have an authorization to see the doctor again."

Q. "How long have you been living away from the reservation?"

A. "About 15 years." (Tape garbled here)

Q. "You say you are paying thirty-five dollars a month for Blue Cross and Blue Shield now?"

A. "Yes." (Tape garbled here)

A. "Last time when I wrote (Fort Berthold) I thought I could buy a house and make payments if they could help with the down payment. I haven't heard from them yet. It has been about a year ago now."

Q. "How about for dental? Have you ever been down there for dental?"

A. "Down to Fort Berthold? Yes, I have been down. I ask them to and they said they couldn't, that I had been living off the reservation. They said I either had to move back to the reservation or go on welfare. Quit my job and go on welfare. Then maybe I would be all right."

Q. "Are there any suggestions you would like to make in terms of the study that you think would be helpful?"

A. "I think that off-reservation people need a lot of help. I never get any and I need some."

APPENDIX II

Background Information

BACKGROUND INFORMATION

As reported earlier, the survey interviews aimed primarily at obtaining background information about the off-reservation Indian population in North Dakota. One hundred ninety-two families drawn from seven counties known to have substantial off-reservation Indian populations were interviewed.

This background information is found in statistical form in the Survey Tables in Appendix III. Its highlights are summarized here.

Demographic Information

Most commonly, the family unit was nuclear, fifty-three percent of the families consisting of mother, father, and children. However, twenty percent of the families consisted of a single female with children, while another ten percent were made up of a man and wife.

Age of family heads was evenly distributed across a wide age range; fifteen percent of the family heads were between 21 and 25 years of age, while eighteen percent were 56 years or older.

Considering the percentage of family heads 36 years and older (55%) the educational attainment of the family heads is above average and lends support to what has been said earlier concerning the upward bias of the present sample.[1] Four percent of the family heads had completed college, another six percent had had some college, while fifty percent divided about

[1] This apparent upward bias makes the medical findings even more striking. What would be the medical histories of a fully representative sample?

equally between having completed high school and having had some high school.

Ninety-five percent of the families report that a majority of the family members are enrolled at a reservation, with a large majority (65%) reporting Turtle Mountain as the reservation of enrollment.

Socio-Economic Data

Fifty-three percent of the 192 families report total family income of less than $5,000, with twenty-one percent of these reporting less than $3,000. At the other end of the spectrum, twelve percent report annual incomes of $9,000 or more.

For fifty-nine percent of the families, wages and salary were the principal source of income while welfare was the principal source for twenty-five percent. Social Security, pensions, and unemployment insurance were lesser sources.

Skilled and unskilled labor were the primary occupations reported by male heads of household, some thirty percent classifying themselves as unskilled laborers while another fourteen percent considered themselves skilled. Six percent assess themselves as professional or white collar workers while another four percent stated they were self-employed. Eight percent and seven percent, respectively, were unemployed or retired, while in thirty percent of the families there was no male head.

Over half (19%) of the female heads of household (30%) reported themselves as unemployed while another three percent stated they were

retired. Four percent were in such service jobs as waitress, another two percent divided equally in classifying themselves as office workers or professionals.

Housing

Two-thirds of the families rented their home and the majority of them were paying less than $100 a month.

Whether owned or rented, eighty-one percent of the homes were single unit dwellings and most commonly the home contained either four (26%) or five (27%) rooms.

Sixty-four percent of the homes fronted on a paved street, ninety-eight percent had electricity, and eighty percent had a telephone.

Eighty-seven percent had water in the house, eighty-four percent having both hot and cold water supplies, while eighty-five percent indicated having both a flush toilet and a bath tub or shower inside the home.

Surplus Commodities and Food Stamps

Nineteen percent of the families use surplus commodities, six percent reporting that the families' meals consisted mainly of commodities. Another twenty-four percent reported using the food stamp program.

Other Information

Forty-five percent of the families subscribed to at least one newspaper or magazine.

Fifteen percent of the families participated in an off-reservation Indian club or association.

APPENDIX III

Survey Tables

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Section I The Family

Table 1. Structure of Family

Question: What is the structure of the family?

Family Structure	Total Sample (N = 192)
Single male only	3%
Single female only	6
Nuclear family	53
Married couple only	10
Single male and children	1
Single female and children	20
Extended family	7
Total	100%

Table 2. Number of Adults in Family

Question: How many adults are in the family? (Includes children 21 or over)

Number of Adults in Family	Total Sample (N = 192)
One	30%
Two	65
Three	4
Four	1
Five	1
Total	101%*

* Rounding error

Table 3. Age of Head of Household

Question: How old is the head of the household?

Age	Total Sample (N = 192)
Under 20 years	4%
21-25	15
26-30	16
31-35	10
36-40	13
41-45	8
46-50	6
51-55	10
56 and older	18
No answer	1
Total	101%*

* Rounding error

Section II Education and Occupation

Table 4. Education of Head of Household

Question: How much education has the head of the household had?

Education	Total Sample (N = 192)
Some grammar school	11%
Completed grammar school	4
Some junior high	4
Completed junior high (through 8th grade)	18
Some high school	27
Completed high school	23
Some college	6
Completed college	4
None	1
No answer	2
Total	100%

Table 5. Occupation of Male Head of Household

Question: What is the occupation of the male head of household? (Only asked of those families where a male was head)

Occupation	Total Sample (N = 192)
Unemployed	8%
Retired	7
Unskilled laborer	30
Skilled laborer	14
Professional, white collar	6
Self-employed	4
Student	1
Military	1
Not asked	30
Total	101%*

* Rounding error

Table 6. Occupation of Female Head of Household

Question: What is the occupation of the female head of household? (Only asked of those families where a female was head)

Occupation	Total Sample (N = 192)
Unemployed, housewife	19%
Retired	3
Service jobs (i.e. waitress)	4
Office, clerical	1
Professional, white collar	1
Self-employed	--
Student	2
No answer	1
Not asked	70
Total	101%*

* Rounding error

Section III Income and Assistance

Table 7. Family Income

Question: What was the total annual income reported for the family?

Total Income	Total Sample (N = 192)
Less than $2,000	7%
$2,000 - $2,999	14
$3,000 - $3,999	17
$4,000 - $4,999	15
$5,000 - $5,999	9
$6,000 - $6,999	9
$7,000 - $7,999	7
$8,000 - $8,999	6
$9,000 or more	12
No answer or refused to give	3
Total	99%*

* Rounding error

Table 8. All Sources of Family Income

Question: From what sources was the family income derived?

Sources of Income	Total Sample (N = 192)
Wages and salary	62%
Social Security	13
Welfare	29
Pension	4
Unemployment insurance or workmen's compensation	2
Investments or land leases	4
Self-employed	4
Other sources	4
No answer or refused to give	3
Total	125%**

**Multiple answers possible

Table 9. Principal Source of Family Income

Question: What was the principal source of income for the family?

Principal Income Sources	Total Sample (N = 192)
Wages and salary	59%
Social Security	6
Welfare	25
Pension	2
Unemployment insurance	2
Investments, land leases	--
Self-employed	3
Other sources	1
No answer or refused to give	3
Total	101%*

* Rounding error

Table 10. Use of Food Stamps

Question: Does the family use the food stamp program?

	Total Sample (N = 192)
Yes	24%
No	70
No answer	6
Total	100%

Table 11. Use of Surplus Commodities

Question: Does the family use surplus commodities?

	Total Sample (N = 192)
Yes	19%
No	73
No answer	8
Total	100%

Table 11a.

Question: Do the family's meals consist mainly of commodities? (Only asked of those families reporting use of surplus commodities)

	Total Sample (N = 192)
Yes	6%
No	9
No answer	4
Not asked	81
Total	100%

Section IV Enrollment and Affiliation

Table 12. Reservation Enrollment

Question: Are the majority of the family members enrolled at a reservation?

Enrolled	Total Sample (N = 192)
Yes	95%
No	5
Total	100%

Table 12a.

Question: What reservation are they enrolled at? (Only asked of those reporting enrollment at a reservation)

Reservation	Total Sample (N = 192)
Fort Totten	6%
Fort Berthold	9
Turtle Mountain	65
Standing Rock	6
Sisseton-Wahpeton	3
Other reservations	4
No answer	2
Not asked	5
Total	100%

Table 13. Periodical Subscriptions

Question: Does the family subscribe to any newspapers or magazines?

	Total Sample (N = 192)
Yes	45%
No	55
Total	100%

Table 14. Organizational Participation

Question: Does the family participate in an Indian Club or organization?

	Total Sample (N = 192)
Yes	15%
No	83
No answer	2
Total	100%

Section V *Housing*

Table 15. Ownership of Dwelling

Question: Is the dwelling rented or owned?

	Total Sample (N = 192)
Rented	66%
Owned	34%
Total	100%

Table 15a.

Question: How much rent is paid per month? (Only asked of those reporting renting a home)

Amount	Total Sample (N = 192)
Less than $39	4%
$40 - $54	8
$55 - $69	13
$70 - $84	11
$85 - $99	12
$100 - $114	6
$115 - $129	7
$130 or more	5
Not asked	34
Total	100%

Table 16. Type of Dwelling

Question: What type of dwelling is lived in?

Type of Dwelling	Total Sample (N = 192)
Single unit	81%
Multiple unit	11
Mobile home	5
No answer	3
Total	100%

Table 17. Number of Rooms in Dwelling

Question: How many rooms are there in the home?

Number of Rooms	Total Sample (N = 192)
One	2%
Two	6
Three	10
Four	26
Five	27
Six	17
Seven	4
Eight	5
Nine or more	3
No answer	1
Total	101%*

* Rounding error

Table 18. Telephone in Dwelling

Question: Is there a telephone in the home?

	Total Sample (N = 192)
Yes	80%
No	20
Total	100%

Table 19. Street Frontage

Question: Does the home front on a paved or tarred street?

	Total Sample (N = 192)
Yes	64%
No	35
No answer	1
Total	100%

Table 20. Electricity in Dwelling

Question: Is there electricity in the home?

	Total Sample (N = 192)
Yes	98%
No	1
No answer	1
Total	100%

Table 21. Garbage Collection

Question: Does the home have regular garbage collection?

	Total Sample (N = 192)
Yes	66%
No	33
No answer	1
Total	100%

Table 22. Location of Water Supply

Question: Where is the water supply for the home located?

	Total Sample (N = 192)
Water supply in house	87%
Water supply carried	11
No answer	2
Total	100%

Table 23. Source of Water Supply

Question: What is the source of the water supply for the home?

	Total Sample (N = 192)
Well	16%
Municipal	78
No answer	6
Total	100%

Table 24. Location of Waste Disposal

Question: Where is the waste disposal for the home located?

	Total Sample (N = 192)
In the house	78%
Outside	19
No answer	3
Total	100%

Table 25. Means of Waste Disposal

Question: What is the means of waste disposal for the home?

	Total Sample (N = 192)
Septic Tank	8%
Municipal sewer	77
Other means	4
No answer	11
Total	100%

Table 26. Piped Hot and Cold Water

Question: Does the home have hot and cold piped water?

	Total Sample (N = 192)
Yes	84%
No	15
No answer	1
Total	100%

Table 26a.

Question: Is the hot and cold water exclusive or shared? (Only asked of the families reporting having hot and cold piped water)

	Total Sample (N = 192)
Exclusive	78%
Shared	6
No answer	2
Not asked	15
Total	101%*

* Rounding error

Table 27. Inside Flush Toilet

Question: Is there a flush toilet located inside the home?

	Total Sample (N = 192)
Yes	85%
No	13
No answer	2
Total	100%

Table 27a.

Question: Is the flush toilet exclusive or shared? (Only asked of those families reporting having a flush toilet)

	Total Sample (N = 192)
Exclusive	79%
Shared	5
No answer	3
Not asked	13
Total	100%

Table 28. Inside Bathtub or Shower

Question: Is there a bathtub or shower located inside the home?

	Total Sample (N = 192)
Yes	85%
No	14
No answer	2
Total	101%*

* Rounding error

Table 28a.

Question: Is the bathtub or shower exclusive or shared? (Only asked of those families reporting they have a bathtub or shower inside)

	Total Sample (N = 192)
Exclusive	79%
Shared	5
No answer	2
Not asked	14
Total	100%

Section VI Immunizations and TB Testing

Table 29. Immunization Coverage

Question: How many family members have had the following shots?

Immunizations	Adults (N = 340)	Children (N = 494)
Polio	85%	84%
DPT	85	86
Measles	85	84
Rubella	86	84

Table 30. Source of Immunization

Question: Who administered the shots for the family?

Administrator	Total Sample (N = 192)
IHS and PHS	72%
School	23
Head Start	2
Clinic	25
Private physician	5
Total	127%**

** Multiple answers possible

Table 31. Time Since Adult TB Test

Question: On the average, how long ago were adults' TB tests administered?

	Total Sample (N = 192)
Within last year	25%
Within last two years	16
Within last three years	10
Within last four years	7
More than four years ago	32
No answer	5
Never had so not asked	5
Total	100%

Table 32. Time Since Children's TB Test

Question: On the average, how long ago were children's TB tests administered?

	Total Sample (N = 192)
Within last year	33%
Within last two years	11
Within last three years	4
Within last four years	4
More than four years ago	2
Not asked (children too young or no answer or no children in family)	46
Total	100%

Table 33. Positive Reaction to TB Test

Question: Did anyone in the family have a positive reaction to the tuberculosis test?

	Total Sample (N = 192)
Yes	15%
No	80
Not asked, no answer	5
Total	100%

Table 34. Source of TB Tests

Question: Who administered the TB tests for the family?

	Total Sample (N = 192)
IHS, PHS	62%
School	16
Clinic	26
Private physician	9
Other	11
Total	124%**

** Multiple answers possible

Section VII Dental Care

Table 35. Time Since Adult Dental Checkup

Question: On the average, when did adult members of the family last receive a dental checkup?

	Total Sample (N = 192)
Within the last six months	9%
Within the last year	20
Within the last two years	12
Within the last three years	7
Within the last four years	6
More than four years ago	40
Never	2
No answer	5
Total	101%*

* Rounding error

Table 36. Time Since Children's Dental Checkup

Question: On the average, when did the children last receive a dental checkup?

	Total Sample (N = 192)
Within the last six months	10%
Within the last year	22
Within the last two years	10
Within the last three years	5
Within the last four years	2
More than four years	4
Never (children too young or hadn't been to dentist)	6
No answer	19
Not asked	21
Total	99%*

* Rounding error

Table 37. Treatment of Identified Adult Dental Problems

Question: Were most identified problems treated? (Only asked of those families where adults reported dental checkups)

	Total Sample (N = 192)
Yes	85%
No	8
No answer	5
Not asked	2
Total	100%

Table 38. Treatment of Identified Children's Dental Problems

Question: Were most identified problems treated? (Only asked of those families having children who had been to the dentist)

	Total Sample (N = 192)
Yes	49%
No	6
No answer	19
Not asked	27
Total	101%*

* Rounding error

Table 39. Payment for Adult Dental Care

Question: Who paid for adult dental expenses for work that was done? (Only asked of those families who reported most problems were treated)

	Total Sample (N = 192)
Self	40%
IHS	34
Welfare	22
Military service	6
Other sources	7
No answer	5
Not asked	10
Total	124%**

** Multiple answers possible

Table 40. Payment for Children's Dental Care

Question: Who paid for children's expenses for dental work that was done? (Only asked of those families with children who had been to the dentist and problems were treated)

	Total Sample (N = 192)
Parent	22%
IHS	20
Welfare	15
Head Start/school	6
Other special funds	3
No answer	17
Not asked	33
Total	116%**

** Multiple answers possible

Section VIII. Medical Care Delivery

Table 41. Health Insurance

Question: Does the family have health insurance?

	Total Sample (N = 192)
Yes	42%
No	58
Total	100%

Table 41a.

Question: How is the premium paid? (Only asked of those who reported having health insurance)

How Paid	Total Sample (N = 192)
Self only	6%
Employer and self	27
Employer only	2
Medicare	6
No answer	1
Not asked	58
Total	100%

Table 41b.

Question: Who is covered by the policy? (Only asked of those who reported having insurance)

Who covered	Total Sample (N = 192)
Head only	9%
Head and spouse	5
Entire family	26
Children only	1
No answer	1
Not asked	58
Total	100%

Table 41c.

Question: What is the amount of monthly premium paid for health insurance? (Only asked of those who reported having insurance)

Amount of monthly premium	Total Sample (N = 192)
Less than $9.99	4%
$10 - $19.99	7
$20 - $29.99	10
$30 - $39.99	7
$40 - $49.99	2
$50 or more	2
No answer	10
Not asked	58
Total	100%

Table 42. Presence of Health Supplies in the Home

Question: What health supplies are generally kept in the home?

Supplies kept	Total Sample (N = 192)
Aspirin	93%
Alka seltzer	73
Rubs	71
Pepto Bismol	66
Band aids	88
Vitamins	67
Other drugs	60
Indian medicine	36
Total	554%**

** Multiple answers possible

Table 43. Use of Indian "Doctor"

Question: Has any family member ever been to an Indian "Doctor"?

	Total Sample (N = 192)
Yes	45%
No	52
No answer	3
Total	100%

Table 44. Use of Medical Doctor or Hospital

Question: How many times has someone in the family been to a medical doctor or hospital in the last year?

Number of times	Total Sample (N = 192)
One	9%
Two	3
Three	14
Four	17
Five	6
Six	6
Seven	3
More than seven	15
None or never	7
No answer	15
Total	100%

Table 45. Payment for Medical Doctor or Hospital

Question: Who paid for family members' visits to a medical doctor or hospital?

	Total Sample (N = 192)
Self	37%
IHS, PHS	17
Insurance	23
Welfare	24
Medicare	3
Other federal programs	4
Other sources	5
Some payments haven't been made	18
Not asked	7
Total	138%**

** Multiple answers possible

Table 46. Use of Indian Health Service

Question: Have you ever used Indian Health Service (IHS)?

	Total Sample (N = 192)
Yes	79%
No	21
Total	100%

Table 46a.

Question: Was IHS used while living on the reservation?

	Total Sample (N = 192)
Yes	59%
No	20
Not asked	21
Total	100%

Table 46b.

Question: Was IHS used while living off the reservation?

	Total Sample (N = 192)
Yes	44%
No	35
Not asked	21
Total	100%

Table 46c.

Question: Why did family choose to use IHS?

	Total Sample (N = 192)
On own choice	60%
Referred	5
No answer	14
Not asked	21
Total	100%

Table 47. Use of Other Public Health Services

Question: Have you ever used any of the following Public Health services?

Service	Total Sample (N = 192)
Visited a PH nurse in her office	12%
PH nurse visited in the home	27
Attended an immunization clinic	25
Attended a family planning clinic	3
Attended a special clinic	16
Maternal and child health care education	1
Communicable disease check treatment	19
Never used	53
Total	155%**

** Multiple answers possible

Table 47a.

Question: Did the PH services meet your needs? (Only asked of those families who reported using a Public Health service)

	Total Sample (N = 192)
Yes	24%
No	9
No answer	14
Not asked	53
Total	100%

Table 48. Desire for Other Services

Question: Are there other services you would like to have?

	Total Sample (N = 192)
Yes	91%
No	7
No answer	2
Total	100%

Table 49. Types of Services Desired

Question: What services would you like to have?*

	Total Sample (N = 192)
Housing improvements	36%
More medical services	57
Dental services	19
Hospitalization or medical services specifically for off-reservation Indians	21
Lower costs	4
Drugs more readily available and/or at lower costs	3
Vision or eyeglass care	9
More information on services	7
Miscellaneous answers	27
Not asked	9
Total	192%**

** Multiple answers possible

* The manner in which this question was worded and asked extracted only the above general responses for kinds of services needed.

Table 50. Dissatisfaction with IHS and P.H.

Question: Are there things you don't like about Public Health Services or reasons for not using them?

	Total Sample (N = 192)
Yes	26%
No	24
No answer	50
Total	100%

Table 50a.

Question: What are the things you don't like about PHS or reasons for not using them? (Only asked of those stating they don't like PHS or have reasons for not using it)

	Total Sample (N = 192)
Services are not available to them	4%
Unfavorable comments about PHS	8
Information about PHS isn't known	4
We don't need them	3
There aren't enough services (they can't do enough)	4
The cost is too high	2
Miscellaneous answers	2
Not asked	74
Total	101%**

** Multiple answers possible

Table 51. Medical Attention Not Obtained

Question: How many times in the last year has someone in the family needed medical attention and it was not obtained?

Number of times	Total Sample (N = 192)
One	10%
Two	10
Three	7
Four	6
Five	4
Six	1
Seven	1
More than seven	1
None or never	48
No answer	14
Total	102%*

* Rounding error